

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment		Work Assignment Number 2-44 <input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:								
Contract Number EP-C-08-010	Contract Period 12/16/2008 To 11/30/2011 Base Option Period Number 2	Title of Work Assignment/SF Site Name Tech Trans R&D Water Challenge								
Contractor SCIENTIFIC CONSULTING GROUP, INC, THE		Specify Section and paragraph of Contract SOW 2.1, 2.2, 2.3								
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval		Period of Performance From 03/14/2011 To 11/30/2011								
Comments:										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A. SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period: 12/16/2008 To 11/30/2011		Cost/Fee: \$0.00				LOE: 0				
This Action:										
Total:		\$323,227.09				3,041				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated: 03/29/2011		Cost/Fee: \$323,227.09				LOE: 3,041				
Cumulative Approved:		Cost/Fee: \$323,227.09				LOE: 3,041				
Work Assignment Manager Name Abby Waits						Branch/Mail Code:				
_____ (Signature)						_____ (Date)				
						Phone Number 513-569-7884				
						FAX Number: 513-569-7680				
Project Officer Name Verla Sutton-Busby						Branch/Mail Code:				
_____ (Signature)						_____ (Date)				
						Phone Number: 202-564-6808				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature)						_____ (Date)				
						Phone Number:				
						FAX Number:				
Contracting Official Name Renita Tyus						Branch/Mail Code: CPAD				
_____ (Signature)						_____ (Date)				
						Phone Number: 513-487-2094				
						FAX Number: 513-487-2109				